FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1					Of	fice use o	nnlv							
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar over	nple: If typyi the lines	ng, type		12FI	=4M						
JOHN S FUND							Ш					ш		لـــ
							ш			ш		ш		لـــــ
ADDRESS (number and	street) 104 H	Hume Avenue						ш		ш				لـــ
X (Check if addr is changed)		andria					L VA	 	L	223	3 <b>01</b> _	 	) 15	ш Ш
			CITY▲					•		ZIP CODE ▲				
COMMITTEE'S E-MA														
				ш			Щ					щ		بــــــ
							Щ	ш	ш	ш		ш		
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)												
							ш	ш		ш		ш		
	<u> </u>	<u> </u>		<u> </u>	111	ı		1 1	1 1	11				لــــــــــــــــــــــــــــــــــــــ
2. DATE 0 2														
3. FEC IDENTIFICA		(	Con	390831		$\neg$								
4. IS THIS STATEM				· · · · · ·	DED (A)									
I certify that I have exam	ı	to the best of my know	vledge an	d belief it is ti	ue, correc	t and o	comple	ete						
Signature of Treasurer	. Electronically File	d by <b>Jennifer Di</b>	illman			D	ate	<b>0</b>	<b>2</b> <sup>M</sup>	D 2	8 /	YY	2 0 (	0 6°
NOTE: Submission of fa		nplete information may NGE IN INFORMAT								of 2 U.S	S.C. S4	37g.		
Office Use Only				For further Federal Elec Toll Free 80 Local 202-6	tion Comn 0-424-953	nissio					FOI			